



## Child Care Provider Subsidy Enrollment Information

The GSA Subsidy Administration Section currently administers Fee Assistance/Child Care Subsidy Programs on behalf of:

- Ø U.S. Army
- Ø U.S. Coast Guard
- Ø General Services Administration
- Ø National Park Service
- Ø U.S. Customs and Border Protection

Each program is unique and the guidelines for administration are set forth by the Agency offering the Fee Assistance/Child Care Benefit.

Providers who wish to participate in the Child Care Subsidy Programs administered by the GSA Subsidy Administration Section must meet the requirements as set forth below:

- Ø Be state licensed
- Ø Have had a state licensing inspection report within the past 12 months

For those providers that would like to qualify as a participating child care provider for Army Families, then the following additional requirements must be met:

- Ø Be Accredited by one of the AFA approved bodies below:

### **Child care centers:**

- a. National Association for the Education of Young Children (NAEYC)
- b. National Accreditation Commission (NAC)
- c. National Early Childhood Program Accreditation (NECPA)
- d. Council on Accreditation (COA) for school -age programs
- e. Maryland State Department of Education (MSDE) accreditation
- f. North Carolina 4 or 5 star rating
- g. Oklahoma 3 star rating

### **For Family Child Care providers:**

- a. National Association for Family Child Care (NAFCC)
- b. Maryland State Department of Education (MSDE) accreditation
- c. North Carolina 4 or 5 star rating
- d. Oklahoma 3 star rating
- e. Provider Child Development Associate (CDA) credential awarded by the Council for Professional Recognition.
- f. Associates Degree or higher in Early Childhood Education or Child Development.



# Child Care Provider Subsidy Enrollment Information

## Application Process

To apply to become a qualifying child care provider and have your program information listed on the GSA website, the following documents must be submitted to the GSA Subsidy Administration Section for processing:

- I) Fee Assistance Provider Application – CC Form 2014-02
- II) Copy of state license
- III) Copy of the most recent inspection report dated within the past 12 months
- IV) Copy of valid national accreditation certificate for those providers who are interested in becoming a qualifying child care provider for Army Families
- V) Copy of your most recent posted child care rates

Please include the [Provider Application Check List 2013-02](#) to ensure all required documents are submitted to the GSA for processing. Applications submitted that do not contain all the required documents will be declined if the missing documentation is not received by the GSA after within 90 days of the initial submission.

Overview of application process, eligibility determination and participation in the program:

- Ø Application and information submitted to the GSA
- Ø The GSA will review the documents submitted to determine which child care program or programs you may be eligible to participate
- Ø Child Care Provider will be informed of their eligibility which will include a welcome letter along with the applicable Provider Handbook, Publication 2014-02 and applicable forms for each program that they qualify to receive Fee Assistance/Child Care Subsidy Benefits
- Ø The Provider Statement of Understanding, which is the final page of each Provider Handbook, must be completed and signed by a representative of the child care program certifying their understanding of the guidelines as set forth for by each of the programs in which they will be participating
- Ø As Families enroll in your program, you will complete the Family Enrollment Form 2014-06 and return directly to the Family or to the GSA to be included with the Family's application for benefits
- Ø For Families that enroll in your child care program and apply for Fee Assistance/Child Care Subsidy Benefits, the center will receive a benefit determination letter
- Ø For Families enrolled in your program and are approved to received Fee Assistance/Child Care Subsidy, you will be required to submit Invoice and Attendance Forms each month to the GSA Subsidy Administration Section in order to receive Fee Assistance/Child Care Subsidy Benefit payments
- Ø In the event that the Family's attendance or rate changes, you must inform the GSA Subsidy Administration Section immediately to ensure that the Families cases are updated accordingly
- Ø You must continue to remain licensed and/or accredited and supply the GSA with updated documentation in order to support your continued eligibility in the program
- Ø Any change to your child care program to include but not limited to the following must be reported to the GSA Subsidy Administration Section for review and possible action as applicable: Change in licensing and/or accreditation; rates; ownership, payment information to include banking/EFT updates, a child's rate and/or attendance, etc.

All questions on eligibility should be addressed to the GSA Subsidy Administration Section at [childcareprovider.newapp@gsa.gov](mailto:childcareprovider.newapp@gsa.gov) or (866) 508-0371 and ask to speak to a Provider Representative.

Please complete and submit all required documents to the GSA Subsidy Administration Section via one of the options:

Fax: (816) 926-3642

Email: [childcareprovider.newapp@gsa.gov](mailto:childcareprovider.newapp@gsa.gov)

**GSA Subsidy Administration Section**  
1500 E. Bannister Rd., Rm. 1061, KCMO 64131  
Tel: (866) 50-0371 I Fax: (816) 823-5499  
[childcareprovider.newapp@gsa.gov](mailto:childcareprovider.newapp@gsa.gov)



## Application Checklist for Child Care Provider

Printed Name of Child Care Center/Program: \_\_\_\_\_

State in which your program operates: \_\_\_\_\_

Program is Licensed: \_\_\_\_\_ Yes \_\_\_\_\_ No Expiration Date: \_\_\_\_\_

Program is Accredited: \_\_\_\_\_ Yes \_\_\_\_\_ No Expiration Date: \_\_\_\_\_

\_\_\_\_\_ **Provider Application GSA CC Form 2014-02**

\_\_\_\_\_ Copy of your most current rate sheet **OR Certification of Hours of Operation and Rates for Child Care Service CC Form 2014-13**

\_\_\_\_\_ Copy of your qualifying Child Care Provider's license

\_\_\_\_\_ Letter/Certificate of Accreditation (if applicable)

**Army Fee Assistance approved National Accreditation Agencies for Child Care Centers:**

- ☐ National Association for Education of Young Children (NAEYC)
- ☐ National Accreditation Commission (NAC)
- ☐ National Early Childhood Program Accreditation (NECPA)
- ☐ Council on Accreditation (COA) for school age programs
- ☐ National Association for Family Child Care (NAFCC)

**Army Fee Assistance approved National Accreditation Agencies for Family Child Care Providers:**

- ☐ Maryland State Department of Education (MSDE) accreditation
- ☐ North Carolina 4 or 5 Star
- ☐ Oklahoma 3 Star

**Army Fee Assistance other approval for Family Child Care Providers:**

- ☐ Child Development Associate (CDA) credential awarded by the Council for Professional Recognition
- ☐ Associate's degree or higher Early Childhood Education or Child Development

\_\_\_\_\_ Copy of your most recent inspection report that was performed within the past 12 months if applying to become an Army Fee Assistance Program qualifying Child Care Provider

The forms and documents listed above are required for a standard application in order to determine a Child Care Provider's eligibility to become a GSA approved Provider.

Please note that additional documents and/or information may be required in order to determine your eligibility

Fax: (816) 926-3642

Scan and email to:

[childcareprovider.newapp@gsa.gov](mailto:childcareprovider.newapp@gsa.gov)

U.S. Mail: GSA, External Services Branch  
Attention: Subsidy Administration Section  
1500 East Bannister Road, #1061  
Kansas City, MO 64131

**GSA Subsidy Administration Section**  
1500 E. Bannister Rd., Rm. 1061, KCMO 64131  
Tel: (866) 508-0371 | Fax: (816) 823-5499  
[childcareprovider.newapp@gsa.gov](mailto:childcareprovider.newapp@gsa.gov)  
CC 2014-14



# Application to Become a Qualifying Child Care Provider for the GSA Subsidy Administration Program

Type of Child Care Program: \_\_\_\_\_ Family Child Care (FCC) \_\_\_\_\_ Child Care Center \_\_\_\_\_ Federally Sponsored Child Development Center (CDC)

Applications that are not fully completed or do not contain the information below cannot be processed. By completing this form, you attest that the information is true and accurate.

## Section I - Provider Information

Name of Qualifying Provider	Tax Identification Number
Doing Business As (DBA) if applicable	Center email address #1
	Center email address #2
Physical Address	Center email address #3
	Phone Number #1
Corporate Address if applicable	Phone Number #2
	Fax Number
Center Primary Contact	Title
Center Secondary Contact	Title

## Section II - Hours / Business Operation

Hours of Operation							Total Hours of Operation per Week
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

### Regularly Scheduled Dates of Closure - Please list all Applicable Dates

January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

## Section III - License / Accreditation / Certification Information

Center/Program is Licensed: ____Y ____N	Expiration Date
Licensing Body	
Center/Program is Accredited: ____Y ____N	Expiration Date
Accrediting Body	
Center/Program is Registered: ____Y ____N	Expiration Date
Registering Body	
Inspection Report - Date Center/Program was Inspected	Background Ground Checks Complete: ____Y ____N
Number of Children Authorized to be in your care:	



# Application to Become a Qualifying Child Care Provider for the GSA Subsidy Administration Program - Page 2

## Section IV - Program Rates & Fees

The rates listed below should be your standard rates for each independent child. The actual rate that you charge a family who is enrolling in Army Fee Assistance will be provided to the GSA on the enrollment form your program will receive once you are certified as a qualifying child care provider by the GSA Subsidy Administration Section

Age Group / Type of Care	0 - 12 Months	13 - 24 Months	2 Years	3 - 5 Years	School Age	Full Day - School Age	Summer Camp
Enrollment Fee							
Registration Fee							
Hourly Cost							
Daily Cost							
Weekly Full Time							
Weekly Part Time							
Monthly (Weekly Cost X 4.33)							
Monthly 4/5 Week							

If Billing is based upon 4/5 Week Month, please indicate day of week billing is based upon: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Multiple Child Discount: ☐ Yes ☐ No

Does your program offer any other type of discount? If yes, please explain, otherwise "N/A": \_\_\_\_\_

If your program charges an enrollment, registration fee, etc. are the fees a One Time Charge or Annual? \_\_\_\_\_

Does your program charge any other fees that are not listed above? If so please list the fee, frequency and amount below

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## Section V- Payment Information

### Army Fee Assistance Payment Options and Authorization Information

Option 1) Direct Deposit or Electronic Funds Transfer (EFT) is the most efficient and cost effective method for providers to receive payment.

Name of Financial Institution \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type ☐ Checking ☐ Savings \_\_\_\_\_

Option 2) Payment via U.S. Treasury Check may be authorized under special circumstance and requires a written request providing a valid reason which will be reviewed to determine if this option is possible. In order to be considered for this option, you must provide in the space below a valid reason why you feel that payment via direct deposit is not an option for you.

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## Section VI - Certification of Child Care Provider

I understand that it is a Federal crime under United States Code (USC) 18, Section 1001, to make a false statement on this form. If I make a false statement, I understand that I may required to reimburse the Army for any Army Fee Assistance payments that were issued based upon false information.

Misrepresentation or falsifying this information may subject the individual to prosecution under applicable State and Federal Laws.

I certify that the above information is true and correct to the best of my knowledge and by completing this application I authorize the GSA to post my child care program on their website as a qualifying child care provider and will accept families who apply to use my program based upon my occupancy and the number of children that the center is authorized for which care can be provided.

\_\_\_\_\_  
Signature of Child Care Provider

\_\_\_\_\_  
Date of Certification (MM/DD/YYYY)

### Privacy Act Statement

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.



# Certification of Hours of Operation and Rates for Child Care Services

Provider/Program Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Days and Hours of Operation

### Days and Hours of Operation

Weekday	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Number of Children Authorized for Care \_\_\_\_\_

## Charge for Child Care Services

Age	Hourly Rate	Daily Rate	Weekly Rate	Monthly Rate	4 / 5 Week Month - Weekly Rate*
0 - 12 Months					
13 - 24 Months					
2 Years					
3 - 5 Years					
6 - 12 Years					

\*For Providers who bill based upon a 4 / 5 Week Month, please provide the day of week that the billing is based upon: \_\_\_\_\_

### Discounts Offered:

Federal \_\_\_\_Y \_\_\_\_N

Military \_\_\_\_Y \_\_\_\_N

Multiple Child \_\_\_\_Y \_\_\_\_N

Other Discounts Offered: \_\_\_\_\_

### Additional Program Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

Completion and submission of this form is considered a certification of the child care rates charged by your child program. Any misrepresentation of information may result in your official removal from the program and if applicable repayment of child care Fee Assistance/Subsidy Benefits that were paid due to incorrect/false information.

GSA Subsidy Administration Section  
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